


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 15, 2005 8:00 am
Secretary of State

04-15-2005 90074 036 ***150.00

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| DOCUMENT # P02000064072 1. Entity Name L.A. COLONIAL LIQUOR STORE CORP. |  |
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| Principal Place of Business 9481 SW 160TH STREET MIAMI, FL 33178 | Mailing Address 9481 SW 160TH STREET MIAMI, FL 33178 |
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DO NOT WRITE IN THIS SPACE



03092005 No Chg-P CR2E034 (10/03)

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|---|--|
| 4. FEI Number 81-0555409 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent RODRIGUEZ, ALBERTO 9481 SW 160TH STREET MIAMI, FL 33178 |
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**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | P RODRIGUEZ, ALBERTO 9481 SW 160TH STREET MIAMI, FL 33178 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | ST RODRIGUEZ, ALBERTO 9481 SW 160TH STREET MIAMI, FL 33178 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | P RODRIGUEZ, LAZARO 9481 SW 160 ST. MIAMI, FL 33178 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **4/12/05** **305-233-6535**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #